

1850

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

8488

Do not use this space.

## 1. PLACE OF DEATH

(a) County VernonRegistration District No. 873(b) Township WashingtonPrimary Registration District No. 6163Registered No. 49(c) City or Nevada(d) Street No. State Hospital No 3 Nevada Mo St.

(e) Length of residence in city or town where death occurred

yrs.

mos.

da.

(f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME MARION H. DIXON(a) Residence, No. JASPER COUNTY HOME St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 26, 1914

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

25 years223

## OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Joplin Mo

## FATHER

## 13. NAME

Milton Dixon

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

## MOTHER

## 15. MAIDEN NAME

ESTELLA FISK

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

## 17. INFORMANT (ADDRESS)

State Hospital No 3 Records Nevada Mo

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

Joplin Mo

## DATE

Feb 20, 1940

## 19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Berry Funeral Home Nevada Mo

## 20. FILED

2-19 1940 Allen V. HaysLocal Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 194022. I HEREBY CERTIFY, That I attended deceased from Aug 24th, 1939, to Feb 19th, 1940I last saw him alive on Feb 19th, 1940 Death is saidto have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Spine

Date of onset

Other contributory causes of importance:

Anemia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed).....

G. S. Waraich

M. D.

(Address).....

State Hospital No 3 Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

V. S. NO. 33  
FORM 10-18-38  
X 18605

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED  
District Health Officer No. 7,  
Date Filed 3-4-39  
3-4-40

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 3857,  
working under my personal supervision.

Signed.....

*Lloyd Winscott*

Licensed Embalmer No. 3807

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.